FERENCE & ASSOCIATES LLC
Amendment Transmittal

Atty. Docket No. YOR20000388US1
(590.022)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of	:	Padmanabhan et al.
Serial No.	:	09/699,894 Examiner : Qi Han
Filed	:	October 30, 2000 Group Art Unit : 2626
For	:	MINIMUM BAYES ERROR FEATURE SELECTION IN SPEECH RECOGNITION

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria Virginia 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

1. ☐ Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.

OR

2. ☒ In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.

3. ☐ Small Entity status of this application has been established by a verified statement previously submitted.

4. ☐ A verified statement to establish Small Entity status is enclosed.

CERTIFICATE OF TRANSMISSION

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being transmitted by EFS-WEB on <u>August 27, 2008</u> to the Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

<u>Stanley D. Ference III</u>
(Type or print name of person mailing paper or fee)

_____
(Signature of person mailing paper or fee)

5. ☐   Also enclosed: _____

6. ☒   No additional filing fee is required.

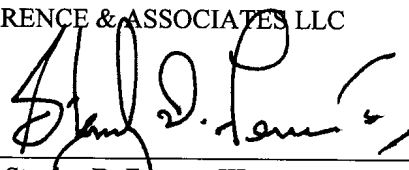7. ☒   The filing fee has been calculated as shown below:

	Claims Remaining After Amendment (Col. 1)		Highest No. Prev. paid for (Col. 2)		Present Extra (Col. 3)			SMALL ENTITY				OTHER THAN A SMALL ENTITY		
								RATE	FEE			RATE		FEE
Total Claims	10	-	** 20	=	* 0	x		$25	=	O R	x	$50	=	0
Ind. Claims	3	-	*** 3	=	* 0	x		$105	=	O R	x	$210	=	0
☐ Multiple Dependent Claim Presented						+		$185	=	O R	+	$370	=	0
								TOTAL	= $_____	O R		TOTAL	=	$0.00

*   If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
**   If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space
***   If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

8. ☐   Applicant encloses herewith a check for $0.00 to cover the filing fee.

9. ☐   The Commissioner is hereby authorized to charge the $0.00 filing fee to Deposit Account No. 50-0510.

10. ☒   The Commissioner is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to Deposit Account No. 50-0510.

Respectfully submitted,

FERENCE & ASSOCIATES LLC

Dated: August 27, 2008

By_____
Stanley D. Ference III
Reg. No. 33,879

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